



# Canine Blood Drive

OVRS Office | 1400 Telegraph, Bloomfield Hills, MI 48302  
Schedule appointment at 248-334-6877 | Approx 20 minutes

## Donor Requirements

- Dogs Must Weigh More Than 50Lbs
- Between 1 & 7 Years of Age
- Current on Vaccinations
- Current on Heartworm Prevention
- Healthy (not on medications)
- Good Temperment



Bring the completed application form located on the back of this flyer along with copies of vaccination records to your appointment. For more information about Buddies For Life, please see our website: [www.ovrs.com](http://www.ovrs.com)



Ph: (248) 334-6877

Fax: (248) 334-3693

E-mail: [bloodbank@ovrs.com](mailto:bloodbank@ovrs.com)

# BLOOD DONATION FORM: Please complete this form in as much detail as possible

Veterinarian: \_\_\_\_\_ Veterinarian's Hospital/Clinic: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Hours at work: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

How would you like us to contact you to schedule donations? \_\_\_\_\_ Would you like to be on call 24 hrs for donations? \_\_\_\_\_ YES \_\_\_\_\_ NO

What are the best days/times for your pet to donate (donation's take approx 20 minutes)?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## Animal Information

Pet's Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Color: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: \_\_\_\_\_ Neutered/Spayed? \_\_\_\_\_ Weight: \_\_\_\_\_

### *Please give approximate dates of the following routine medical care:*

Last Heartworm test: \_\_\_\_\_ Is your pet currently on heartworm preventative: \_\_\_\_\_

Last Distemper Vaccine: \_\_\_\_\_ Last Rabies Vaccine: \_\_\_\_\_

How long have you owned your pet? \_\_\_\_\_ Where is your pet housed? \_\_\_\_\_ Indoors \_\_\_\_\_ Outdoors \_\_\_\_\_ Both

Purpose of animal? \_\_\_\_\_ Pet \_\_\_\_\_ Show \_\_\_\_\_ Sport \_\_\_\_\_ Guard

For neutered/spayed pets: When was the surgery performed? \_\_\_\_\_

Were there any complications with the surgery? \_\_\_\_\_

Has your dog ever received a blood transfusion? \_\_\_\_\_ Any history of excessive bleeding or bruising? \_\_\_\_\_

What is your pet's current diet? (brand name) \_\_\_\_\_ Has your pet ever traveled outside of Southeastern Michigan? \_\_\_\_\_ YES \_\_\_\_\_ NO

Any history of disease that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Is your pet currently on any medications? \_\_\_\_\_

\_\_\_\_\_

How did you here about the blood bank? \_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_